

**MEDICAL RECORD****TISSUE EXAMINATION**

SPECIMEN SUBMITTED BY

DATE OBTAINED

SPECIMEN

BRIEF CLINICAL HISTORY *(Include duration of lesion and rapidity of growth, if a neoplasm)*

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS

SIGNATURE AND TITLE

**PATHOLOGICAL REPORT**

NAME OF LABORATORY

ACCESSION NO(S).

(Gross description, histologic examination and diagnoses)

(Continue on separate sheet)

SIGNATURE OF PATHOLOGIST

DATE

AGE

SEX

RACE

REGISTER NO.

WARD NO.

IDENTIFICATION NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, grade; rank; rate; hospital or medical facility)***TISSUE EXAMINATION****Medical Record**